

**CARIBBEAN MARITIME INSTITUTE**



ADMISSION PROCEDURES	Document No: CMI/ADM/FORM/002	Page 1 of 2
TITLE: <b>CMI APPLICATION FORM</b>	Revision No.: 00	Revision Date: 14 <sup>TH</sup> May '08

**SECTION 1 Personal & Contact Information**

Surname <input type="text"/>		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>FOR OFFICIAL USE ONLY</b>	
Firstname <input type="text"/>		Date of birth: <input type="text"/>	Academic Year <input type="text"/>	Std. No. <input type="text"/>
Other <input type="text"/>		(DD /MM/ YY)	Course Code <input type="text"/>	
Address <input type="text"/>			Course No. <input type="text"/>	<input type="checkbox"/> F/Time <input type="checkbox"/> P/Time
Phone # <input type="text"/>			<input type="checkbox"/> Day Rel. <input type="checkbox"/> Evening	<input type="checkbox"/> Other
TRN # <input type="text"/>				
Email <input type="text"/>			Cost \$ <input type="text"/>	Dept. <input type="text"/>
Mailing Address <i>(if different from above)</i> <input type="text"/>			<b>Documents submitted</b>	
Nationality <input type="text"/>			Birth Certificate	<input type="checkbox"/>
Next of Kin <input type="text"/>			Educational Cert.	<input type="checkbox"/>
Relationship <input type="text"/>			Photographs	<input type="checkbox"/>
Address <i>(of Next of Kin)</i> <input type="text"/>			Professional Cert.	<input type="checkbox"/>
Phone # <input type="text"/>			Testimonials	<input type="checkbox"/>
			Transcript	<input type="checkbox"/>
			TRN	<input type="checkbox"/>
			Passport	<input type="checkbox"/>
			Medical Certificate	<input type="checkbox"/>
			Police Record	<input type="checkbox"/>

**SECTION 2 Educational Background**


Course applied for  Boarding required

Indicate support/sponsorship  Self  Govt.  Other Name of awarding body \_\_\_\_\_

YEAR (START – END)	Name of Educational/Training Institution	QUALIFICATION (Certificates, Degrees, Achievement, etc.)

*Candidates are required to submit proof of their qualification and training along with two testimonials, two passport size photographs, copy of birth certificate, TRN (all originals must be presented) and a non-refundable application fee of \$800.00 to the Admission Registrar at the Caribbean Maritime Institute, Palisadoes Park, P.O. Box 8081, CSO Kingston, Jamaica, West Indies.*

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SECTION 2 Education cont'd

RESULTS KNOWN					RESULTS AWAITED			
SUBJECT	EXAM. BODY	LEVEL (Gen; Basic; etc.)	YEAR	RESULT	SUBJECT	EXAM. BODY	LEVEL (Gen; Basic; etc.)	YEAR

SECTION 3 General and Other Information

REASON FOR APPLICATION *(Write a short paragraph)*

NAMES, ADDRESSES AND TELEPHONE NO. OF TWO (2) REFERENCES

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES

PRACTICAL EXPERIENCE/EMPLOYMENT HISTORY

YEAR (START – END)	Name and Address of Employer	Position held/ Experience gained

*I declare that the information on this application is correct and complete. I acknowledge CMI's right to cancel this application if the information contained in it has been misrepresented.*

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_